

Appl. No. 10/820,180
Amdt. dated August 2, 2007
Reply to Office Action mailed May 11, 2007

The following listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

Claims 1-11 (Canceled).

Claim 12 (Currently amended): A surgical device for providing a working passage through tissue, the surgical device comprising:

an elongate tubular member having proximal and distal openings defining a bore therethrough, the elongate tubular member being rigid and the bore forming the working passage for an operating tool; and

at least two wall segments disposed on said tubular member, each wall segment having an uninflated state and an inflated state wherein the at least two wall segments are longitudinally spaced apart on said tubular member.

Claim 13 (Previously presented): The surgical device of claim 12, wherein the bore is dimensioned to receive an endoscopic instrument.

Claim 14 (Previously presented): The surgical device of claim 12, wherein each wall segment extends circumferentially about the tubular member.

Claim 15 (Previously presented): The surgical device of claim 12, wherein a surface of each wall segment is substantially flush with an exterior surface of said tubular member when said wall segment is in the uninflated state.

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Claim 16 (Previously presented): The surgical device of claim 12, wherein each wall segment has an outside diameter greater than an outside diameter of the tubular member when said wall segment is in the inflated state.

Claim 17 (Previously presented): The surgical device of claim 12, wherein when the at least two wall segments are in the inflated state, the at least two wall segments define a gap therebetween.

Claim 18 (Canceled).

Claim 19 (Currently amended): A method of positioning a surgical access device through tissue of a patient, the method comprising the steps of:

inserting the surgical access device through tissue, said surgical access device comprising:

an elongate tubular member having proximal and distal openings defining a bore therethrough, the elongate tubular member being rigid and the bore forming the working passage for an operating tool; and

first and second wall segments disposed on said tubular member, each wall segment having an uninflated state and an inflated state wherein the first and second wall segments are longitudinally spaced apart on said tubular member;

introducing a fluid under pressure to the first wall segment causing it to go from its uninflated state to its inflated state; and

positioning said surgical access device such that at least a portion of the first wall segments segment is in contact with tissue.

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Claim 20 (Previously presented): The method of claim 19, wherein said bore is dimensioned to accommodate an endoscopic instrument.

Claim 21 (Previously presented): The method of claim 19, further comprising the step of: introducing a fluid under pressure to the second wall segment causing it to go from its uninflated state to its inflated state and defining a gap between said first and second wall segments.

Claim 22 (Canceled).

Claim 23 (New): The surgical device of claim 12, further including a retractor repositionable through the elongate tubular member, the retractor comprising:

a shaft having proximal and distal openings, the proximal and distal openings defining a bore therethrough; and
an expandable member attached at a distal end of the shaft, the expandable member in fluid communication with the proximal opening of the shaft.

Claim 24 (New): The surgical device of claim 12, wherein the elongate tubular member is formed of a rigid material.

Claim 25 (New): The method of claim 19, wherein the elongate tubular member is formed of a rigid material.

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Claim 26 (New): A surgical device comprising:

 a tubular member having an open proximal end and an open distal end, the open proximal end and the open distal end defining a bore through the tubular member;

 an inner wall disposed in the bore and extending along a length of the tubular member;

 a lumen defined between an outer wall of the tubular member and the inner wall;

 an expandable member disposed in a distal region of the tubular member, wherein ends of the expandable member are affixed to the tubular member at spaced apart locations; and

 at least one filament extending from the outer wall of the tubular member to the expandable member, the at least one filament limiting the expansion of the expandable member upon introduction of an inflation medium to the expandable member.

Claim 27 (New): The surgical device of claim 26, wherein a diameter of the unexpanded expandable member is substantially equal to a diameter of the tubular member.

Claim 28 (New): The surgical device of claim 26, wherein the expandable member has a generally pyramidal configuration and defines a plane at a distal end of the expandable member when the expandable member is in an expanded state.

Claim 29 (New): The surgical device of claim 28, wherein the plane of the expandable member is parallel to a plane defined by the open distal end of the tubular member and axially spaced therefrom.

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Claim 30 (New): The surgical device of claim 26, wherein expansion of the expandable member moves surrounding tissue, thereby creating a working space distally of the surgical device.

Claim 31 (New): The surgical device of claim 30, wherein the working space is accessible from the open proximal end of the tubular member.